



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

SACHI A. HAMAI
Chief Executive Officer

October 25, 2018

To: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

JANICE HAHN
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RESPONSE TO MOTION BY SUPERVISORS RIDLEY-THOMAS AND HAHN ON WHOLE PERSON CARE (WPC) FUNDING AND OBLIGATIONS/EXPENDITURES (MARCH 8, 2017, AGENDA ITEM NO. 7)

On March 8, 2017, the Board directed the Department of Health Services (DHS) to report on a quarterly basis on the levels of Whole Person Care-Los Angeles (WPC-LA) funding of approximately \$90 million per year as approved/budgeted by the Board and as increased with federally matched funds and any additional increased funding resulting from Round II, and less any obligations and expenditures of DHS and its contractors performing services and/or procurements for the WPC-LA program. This is the fifth quarterly report submitted for WPC-LA, which will provide a summary of program expenditures and obligations, the receipt of federal revenue, and the state of WPC-LA implementation activities.

The attached report and dashboard (Attachments I and II, respectively) discuss the implementation and program enrollment activities to date. A few of the implementation highlights consist of the following:

- Served over 31,000 unique Los Angeles County residents in one or more WPC-LA programs. The goal is to serve 50,000 in Program Year (PY) five, by the end of 2020;
- Since the last report in June, enrolled over 12,000 additional participants (covering new enrollments between April and July 2018);
- Submitted the mid-year Program Year three report and invoiced the State for \$64.8 million in reimbursable services for January – June 2018;

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- Created a community health worker (CHW) job recruitment bulletin reflective of nine core competencies for CHWs and received 380 applications;
- Enhanced security provisioning, user functionality on Comprehensive Health Accompaniment and Management Platform (CHAMP)
- Supported over 2,500 users on CHAMP;
- Held a Strategic Planning/Sustainability conference in June, which 135 program staff attended;
- Restructured the supervision model for social workers to better address the clinical and administrative needs of WPC-LA across programs, both regionally and in the jails;
- Performed Delivery System outreach to 14 hospitals, 20 community clinics, and provided health plan webinars to roughly 200 additional health care providers on WPC-LA programs and how to make program referrals;
- Launched the last Round II WPC-LA program for Juvenile Re-Entry; and
- Continued to partner with external agencies such as the local health plans and community clinics, other community-based organizations, as well as the County departments of Mental Health, Public Health, Sheriff, Probation, County Counsel, Chief Executive Office, and the Department of Human Resources to promote WPC-LA goals.

We will continue to keep you apprised of WPC-LA implementation efforts. The next quarterly report will be provided in January 2019.

If you have any questions or require additional information, please contact Dr. Mark Ghaly at (213) 974-1276 or at mghaly@ceo.lacounty.gov.

SAH:JJ:MG
CH:LB

Attachments

c: Executive Office, Board of Supervisors
 County Counsel
 Health Agency
 Health Services
 Human Resources
 Mental Health
 Probation
 Public Health
 Sheriff

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Implementation Overview

Whole Person Care- Los Angeles (WPC-LA) is in year three and passed the mid-point of the five-year Medicaid pilot program earlier this quarter. WPC-LA has already served over 31,000 of the most vulnerable and marginalized County residents. We continue to see steady, increasing enrollment across programs, and anticipate augmented enrollment in the next year with contract expansion and hiring. Over the past 20 months, we have focused on hiring, contracting, developing partnerships, launching programs, establishing our finance and data reporting infrastructure, and building care coordination infrastructure to support the rollout and implementation of all WPC-LA programs. In the remaining two and a half years, we will continue to refine programs through continuous performance improvement (PI) and enhancement, strengthen our information technology (IT) and data integration infrastructure through the development of the Comprehensive Health Accompaniment and Management Platform (CHAMP), continue to strengthen partnerships, and work to ensure sustainability for successful programs.

As programs evolve, we are continually learning and taking systematic approaches to improving performance based on these lessons. WPC-LA is working in close partnership with the Department of Public Health (DPH), Department of Mental Health (DMH), other County partners (e.g. Sheriff, Probation), health plan partners, as well as non-County hospitals, clinics, and community-based organizations to expand utilization of WPC-LA services. Together, we are building our County's capacity to better serve our most vulnerable residents going forward.

Strategic Planning

Over the summer, WPC-LA convened a day-long strategy retreat centered around goal setting for program year (PY) four and preliminary discussion around sustainability with program teams. Roughly 135 individuals from the Department of Health Services (DHS), DMH, and DPH attended the event. We celebrated successes over the past year, discussed challenges and opportunities that lie ahead over the remaining two and a half years of the pilot, and began to set goals to achieve the potential of WPC-LA in the remaining years.

We reaffirmed and agreed upon five overarching goal areas and a plan for developing aligned team goals and priorities to guide the work of our teams over the next year:

- Goal 1: Healthy participants and communities – improve the health and well-being of Los Angeles (LA) County residents starting with WPC-LA target populations;
- Goal 2: Healthy delivery system – deliver seamless, coordinated, team and community-based care;
- Goal 3: Healthy staff – develop an empathetic workforce that has opportunities to grow – especially drawing on the WPC-LA staff (e.g. Community Health Workers) with similar lived experiences of WPC-LA participants;

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- Goal 4: Healthy organization – improve operations and increase the value of WPC-LA programs; and
- Goal 5: Healthy future – achieve sustainability of WPC-LA programs and infrastructure.

WPC-LA teams worked over the summer and early fall to develop their goals and define a set of metrics that will become part of a strategy dashboard for WPC-LA. The dashboard will consist of measures or strategic targets for each WPC-LA team in the coming year. We will share team goals at a strategic planning meeting in early December with a goal to complete our strategic planning for PY four by the end of the year. We will provide an update on the strategic plan in the next quarterly report.

Progress

Since program inception in January 2017, WPC-LA has served 31,248 unique County residents through July 2018, providing 360,751 cumulative member months of service. We enrolled an average of 2,927 residents per month over the last six months. This represents an increase of 24 percent since August 2017. We continue to expand the capacity and reach of WPC-LA care management teams via contracts, hiring, training, and PI. On June 25, a redesigned Community Health Worker (CHW) bulletin was opened. The bulletin was developed in partnership with the Department of Human Resources (DHR) and aimed to increase the capacity of WPC-LA care teams to meet the complex care needs of WPC-LA's growing participants. Roughly 380 applicants applied, hiring lists were promulgated in mid-September, and the next wave of hiring for CHWs began in late September. This last hiring push across WPC-LA programs will fill gaps and significantly increase our capacity. Our training team developed a comprehensive initial training for these CHWs and provides ongoing training to Medical Case Workers (MCW) and CHWs on WPC-LA teams. CHW supervisors and program managers are working with our PI team to refine interventions and standardize the work of our teams in order to more efficiently deliver best-practice interventions.

As WPC-LA begins to hit its stride – developing enhanced clinical interventions and programming, becoming fully staffed to do more outreach and engagement, and crafting new strategies to boost program enrollment and retention – we will face a new opportunity in 2019. The new State Health Home program, operated by the local health plans, will be implemented starting in July 2019. We are working closely with the health plans to ensure we efficiently administer both programs to the maximal benefit of LA County residents. We will share more in subsequent reports as we learn more about how Health Homes will be implemented in LA County.

WPC-LA Participant Experience in Medical Legal Partnership

WPC-LA's Medical Legal Partnership (MLP) launched on February 1, 2018. Through this collaborative partnership with public interest law firms, lawyers work with the WPC-LA team to address the legal issues that affect participants' health and well-being. Some of

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the legal support provided includes services related to housing, public benefits, healthcare access, family law and safety, education, criminal record clearing, employment, and immigration. We share the experience of one WPC-LA participant with the MLP program below:

A WPC-LA Transitions of Care CHW referred a participant to MLP who was in danger of losing his General Relief (GR) benefit, and subsequently his housing. The participant had been receiving GR benefits for a long time and was considered eligible for Supplemental Security Income (SSI) because of his mental health diagnosis. The participant's GR benefit was going to be terminated due to GR Opportunities for Work (GROW) requirements. The participant, finding himself at risk of losing his benefit and consequently his ability to pay his rent, reached out to his WPC-LA CHW who referred the participant to MLP.

An MLP attorney contacted the Department of Public Social Services (DPSS) to assess the participant's case and requested that DMH conduct an evaluation as soon as possible given the pending termination of his GR benefits. The attorney also asked DPSS to re-evaluate the participant's exemption from the GROW requirements, since people with mental or physical disabilities are exempt from GROW employment and training requirements. The participant has both mental and physical disabilities and was previously exempt from the requirements based on his mental health illness. Because of the intervention by the MLP attorney, DPSS contacted the participant and scheduled an expedited DMH evaluation which confirmed the participant's disability and eligibility for a GROW exemption. As a result, the participant will continue to receive his GR benefits for the following year and can continue to pay his rent. The MLP attorney continues to monitor the participant's case for potential issues and is in the process of submitting an In Home Supportive Services application.

Over the past 6 months, our MLP partners have served 234 WPC-LA participants. We anticipate considerable growth in the program over the next 6 months.

Program Expenditures and Revenue

In August, DHS submitted the PY three mid-year report, and baseline and invoice, which covers reimbursement for WPC-LA services provided during January through June 2018. PY three has a total budget of \$377.4 million, which includes \$94.5 million in rollover from PY two. The mid-year invoice totaled \$64.8 million. A total of \$312.6 million is the balance remaining for PY three. The annual report and invoice for PY three will cover the remaining portion of the calendar year July – December 2018. We will submit the annual report and invoice for PY three, covering the remainder of the calendar year July-December 2018, to the State in April 2019. A substantial portion of annual payment for PY three consists of incentives and pay for reporting milestones that make up roughly 40 percent of the total remaining funds for PY three. At this point, it's premature to accurately estimate the annual payment for PY three, but we anticipate it will be near \$200 million.

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WPC-LA will embark on rollover planning, as we did last year, and unspent PY three funds will rollover into PY four. In addition to expanding enrollments in the coming year, we are working closely with the State to maximize the federal matching opportunity through WPC-LA. We plan to draw down more funding through incentives that support the County's capacity to expand or fill gaps in services and build infrastructure to support County residents beyond the current Medicaid waiver. We will provide more information on rollover activities and the projected annual payment for PY three in the next quarterly report.

As of June 30, DHS has received approximately \$381.8 million in revenue (including the anticipated payment for the PY three mid-year report). DHS will continue to closely monitor and report WPC-LA revenue.

Program Enrollments and Member Months

WPC-LA's enrollment dashboard displays all program enrollments and associated member months for all implemented WPC-LA programs through July 2018 (Attachment II).¹ We have implemented all round I and round II WPC-LA programs. We implemented the Juvenile Re-entry Program, our final round II program, in August in service planning areas (SPAs) four and six to start.

As WPC-LA continues to build program infrastructure, refine workflows, and address barriers to enrollment, we anticipate that enrollments will continue to accelerate. Overall, program enrollments have increased since January 2017 to 31,248 unique participants (Figure 1) and 360,751 cumulative member months of services were provided (Figure 2). The proportion of newly enrolled WPC-LA participants who have Medi-Cal coverage has grown to 25,905 in July 2018. WPC-LA programs, similar to other Medi-Cal programs, tend to see clients lose and regain Medi-Cal coverage for a variety of reasons. This ebb and flow of Medi-Cal eligibility for clients results in a reduced total of Medi-Cal member months for which the County is able to draw down revenue. While 360,751 member months of services were provided, WPC-LA can only be reimbursed for the 286,723 cumulative Medi-Cal member months of services delivered.

The process to enroll in Medi-Cal, as well as to renew Medi-Cal can be challenging. The application can be arduous to complete without the proper identification or documents, especially proving income (or lack thereof). There is an online application process that potential beneficiaries can use, but many WPC-LA participants are unfamiliar with technology, lack internet access, or do not feel comfortable with the online application. In addition, the online and mail applications often require multiple steps and engagement with DPSS. Many applicants may stop or fail to follow-up on needed documents. The redetermination or renewal process can also be a barrier to maintaining the Medi-Cal benefit. The redetermination notice is a physical notice that arrives in the mail once a year.

¹ The dashboard charts start with the August 2017 enrollments/member months, as fitting more than 12 months of enrollments on the charts became too crowded.

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With a particularly transient or mobile population served in WPC-LA, it is extremely common for these notices to be lost or never make it to the beneficiary. Once the redetermination period has passed, the application must be started as a new application.

The team continues to focus PI efforts on increasing enrollment across WPC-LA programs and obtaining and maintaining Medi-Cal coverage for WPC-LA participants. DHS has convened a Medi-Cal workgroup specifically to address the issues surrounding:

- Creating a standard Medi-Cal application workflow for all of WPC-LA programs, that covers 20,000 participants;
- Working with DPSS to increase data sharing around Medi-Cal coverage status;
- Identifying a way to track redetermination dates;
- Leveraging the online Medi-Cal application process where possible. All CHWs should have access to the system for their clients;
- Providing comprehensive and standardized Medi-Cal 101 trainings and creating a Medi-Cal manual for contracted providers, MCWs and CHWs;
- Sending Medi-Cal enrollment data quality reports to contracted providers;
- Working with other Whole Person Care (WPC) counties across California to create best practices and share lessons learned; and
- Improving processes within the jails to ensure that clients have Medi-Cal as soon as possible upon release.

As mentioned previously, keeping clients on Medi-Cal can be challenging and the Medi-Cal reimbursable rate is currently roughly 80 percent as the County can only be reimbursed for the Medi-Cal member months of services delivered. Please refer to Attachment II for additional details on program enrollments and Medi-Cal member months.

Comprehensive Health Accompaniment and Management Platform

We continue to build the Comprehensive Health Accompaniment and Management Platform (CHAMP). CHAMP is the care management platform for the high-risk, high-need individuals cared for by CHWs, intensive case management service (ICMS) providers, MCWs, social workers, program managers, and other medical staff members across WPC-LA, Housing for Health (HFH), Benefits Advocacy (also known as CBEST), and the Office of Diversion and Re-entry (ODR) programs. CHAMP enables individuals involved in the care of WPC-LA participants to document and track their work and share information, including care plans with others involved in the participant's care. This includes County and non-County health and social service organizations. We continue to add to the core functionality of CHAMP, which includes screening/eligibility, enrollment, consent management, assessments, dynamic care planning, and case note writing that will include enhancements to improve usability and data collection.

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Currently, CHAMP has 2,500 users and is continually growing. One of the large enhancements in process is an upgrade that will fully enable consent-driven data sharing with special attention to data like substance use and mental health data that are subject to specific state and federal data sharing laws. The conceptual framework behind the data sharing upgrade, along with the fact that we obtain a universal consent (across all programs) on all enrolled participants, may help set the stage for data sharing through a data integration hub.

Data Integration and the Integration Hub

This quarter we also began to work with DHS IT and Chief Information Officer (CIO)/Chief Executive Office (CEO) on building infrastructure to support data integration across the County. WPC-LA will accelerate the ongoing work of the County to build capacity for greater data sharing. This will include: support for increased data sharing between County agencies, support for expansion of the Los Angeles Network for Enhanced Services (LANES) health information exchange, and increased data exchange with non-County data sources. WPC-LA developed use cases focused on the needs of providers working in collaboration to serve WPC-LA clients. However, because WPC-LA participants need services across the health and social services spectrum, the use cases will also support the goals of many entities, as well as the care of broader LA County populations. Early use cases will include:

- 1) **Client identification** – Identity matching through the Countywide Master Data Management project. We will leverage data from other County agencies to support accurate identification of WPC-LA participants' identifiers for more accurate claiming to Medi-Cal.
- 2) **Eligibility/Status checking** – Checking enrollment in various programs throughout the County to understand who is involved in the participants care. We will strengthen communication between providers and avoid duplicate application for services.
- 3) **Admission/Discharge/Transfer feeds** – working with the LANES Health information exchange to obtain real-time notification of admissions and discharges from hospitals and emergency departments.
- 4) **Data repository** – Develop a data repository that can be used for advanced analyses such predictive modeling and risk stratification and program evaluation, among others.

We are working closely with the CIO and County Counsel to develop these use cases. We will provide a more detailed update of progress towards improving data integration in the next quarterly report.

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Hiring

To date, 72 percent of WPC-LA program positions have been filled (see table below). Hiring is one of the most time intensive activities for WPC-LA. The CEO, DHS, and DHR have worked diligently to allocate positions and develop recruitment exams, such as a new CHW exam. The WPC-LA CHW exam evaluated the following nine CHW competencies: community focus, relationship building, interpersonal skills, conscientiousness, handling stress, integrity and ethical conduct, adaptability, coaching, and learning agility. Candidates were also instructed to include experience gained through paid and non-paid work opportunities.

Approximately 380 applications were received and 162 applications fulfilled the minimum requirements. These applications were then scored and placed into "Bands" according to their point scores. The hiring list for CHW candidates placed in Band 1 was released on September 18. The first round of group interviews was conducted on September 21, and additional interviews will be conducted as the lists are worked and exhausted. An update will be provided in the next quarterly report discussing the number of new CHW appointments to WPC-LA programs, including geographic locations throughout LA County.

Over the course of 2018, DHS worked closely with CEO Class Compensation to restructure the Senior Clinical Social Worker supervision model. The job duties for the social work items did not align with the class specifications. There was a collective decision to reclassify these 14 positions to appropriately reflect the work that the social work supervisors will perform in conducting both clinical and administrative supervision, and ultimately in reinforcing care coordination, best practices, and evaluating the job performance of CHWs.

WPC-LA Programs	Total Positions Allocated	Filled Positions* or PAR in process
Transitions of Care	17	8
Substance Use Disorder	29	14
Adult Re-Entry	66	45
Sheriff Re-entry	23	23
Juvenile Re-Entry	9	3
Intensive Services Recipient (Mental Health)	39	37
Residential Bridging Care (Mental Health)	35	31
Kin to Peer (Mental Health)	52	47
MAMAs Neighborhood	43	26
Public Health Collaboration Team	8	5

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WPC-LA Program Management & DHS Infrastructure	93	56
Total	411	295

*Filled positions also consist of registry/contract items

Training

As of August, the capacity of the WPC-LA Capacity Building (CB) Team has significantly increased. The CB team now includes 7 members. The team has been preparing an initial training curriculum for community health workers that includes both trainings being developed internally and trainings that will be provided by contracted training agencies and individuals. The initial training curricula includes approximately 25 training sessions that will be facilitated to different WPC-LA teams over the course of several months. Training topics include:

- motivational interviewing;
- case management and case notes;
- Medi-Cal;
- safety skills and teaching skills;
- substance use disorders (SUD) 101;
- housing and health;
- working with people with disabilities;
- working with people who identify as LGBTQ2I+;
- disease processes;
- self-care and trauma informed care;
- mental health first aid; and
- working in multidisciplinary teams, among others.

The initial training curricula is expected to be completed by the end of October. In the meantime, the team has continued to provide ongoing trainings to contracted CHWs and MCWs, especially those working in the jails. Ongoing training topics have included but are not limited to: introduction to the CHW profession, case management and case notes, DPSS Medi-Cal process, topics in SUD, and incarceration 101.

Performance Improvement

The PI team for WPC-LA has been working on a portfolio of projects dedicated to increasing enrollments, redesigning the comprehensive needs survey that will be used across WPC-LA programs to fully assess clients' needs upon intake, improving Medi-Cal coverage rates, and building capacity within our staff for continuous improvement. All program managers and social workers were trained in continuous improvement principles, and further training is being developed in other PI methodologies such as

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process mapping and root cause analysis. The PI team also leads specific projects focused on particular areas of improvement. Current projects include increasing the Medi-Cal coverage rate among all HFH participants through implementing standard work protocols and improved data analysis. The reentry team is working with several PI advisors on applying lean principles to re-entry program workflows to create an efficient enrollment process into the jail pre-release program, reduce loss-to-follow-up when the participant transitions from jail to the community, and appropriately discharging participants who are ready from the program to free up caseloads for more clients.

Health Delivery Integration Outreach and Engagement

Collaborative leadership and systematic coordination among public and private entities is a focal element of WPC-LA. The Delivery System Integration (DSI) team works to achieve this by integrating and coordinating WPC-LA with existing health care delivery structures. By strengthening engagement and collaboration with health care delivery stakeholders, the DSI team establishes working relationships with providers across all 8 SPAs to:

- 1) Foster continuous collaboration;
- 2) Receive feedback and support in efforts to achieve program goals; and
- 3) Increase referrals by ensuring providers know how to appropriately access WPC-LA program services.

Since June of 2018, the DSI team has continued to actively outreach to providers across LA County. Our primary goal with hospitals is to target hospitals serving Medi-Cal beneficiaries to disseminate knowledge and learning of WPC-LA programs and resources, encourage appropriate referrals and utilization of services, and obtain feedback on program performance and opportunities for improvement. Outreach and engagement is supported by the Hospitals Association of Southern California (HASC). Since June 2018, the DSI team has individually met with 14 high-volume hospitals to provide an in-service on WPC-LA. WPC-LA program leadership and HASC have also conducted larger format webinars for hospitals to join and learn about WPC-LA programs. Recordings are available on the HASC website.

Engagement of primary care clinics is key to providing a successful transition of WPC-LA participants to their primary care provider. The DSI team has been working to identify and engage County and community-based primary care clinics across LA County that provide key services for the WPC-LA target population, including enhanced behavioral health and social supports. The DSI team has engaged approximately 20 clinics since June of 2018 to partner with WPC-LA. Outreach and engagement is supported by the Community Clinic Association of Los Angeles County (CCALAC). Presentations have also been conducted at CCALAC roundtables on healthcare and housing and at numerous County clinics.

The DSI team is also partnering with L.A. Care and Health Net to provide awareness and education of WPC-LA to their contracted providers.

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DSI cohosted two referral training webinars in September with attendance from about 200 providers. The trainings provided details on WPC-LA programs and how to make appropriate referrals. Presentations were made by WPC-LA program leadership from DMH, DHS, and HFH.

Successes

WPC-LA continues to grow and expand its reach across the County. Since our last update, some of our accomplishments include:

- Served over 31,000 unique Los Angeles County residents in one or more WPC-LA programs. The goal is to serve 50,000 in PY five, by the end of 2020;
- Since the last report in June, enrolled over 12,000 additional participants (covering new enrollments between April and July 2018);
- Submitted the mid-year, PY three report and invoiced the State for \$64.8 million in reimbursable services for January – June 2018;
- Created a CHW job recruitment bulletin reflective of nine core competencies for CHWs and received 380 applications;
- Enhanced security provisioning, user functionality on CHAMP;
- Supported over 2,500 users on CHAMP;
- Held a Strategic Planning/Sustainability conference in June, which 135 program staff attended;
- Restructured the supervision model for social workers to better address the clinical and administrative needs of WPC-LA across programs, both regionally and in the jails;
- Performed delivery system outreach to 14 hospitals, 20 community clinics, and provided health plan webinars to roughly 200 additional health care providers on WPC-LA programs and how to make program referrals;
- Launched the last round II WPC-LA program for Juvenile Re-Entry; and
- Continued to partner with external agencies such as the local health plans and community clinics, other community-based organizations, as well as DMH, DPH, Sheriff, Probation, County Counsel, CEO, and DHR to promote WPC-LA goals.

Challenges

We continue to work closely with our partners to address challenges and obstacles. The challenges addressed this quarter include:

- Managed the human resources needs and challenges of the WPC-LA workforce;
- Solved space challenges to accommodate growing teams in SPAs four, six, seven, and eight;
- Conducted more effective Medi-Cal matches and optimized claiming processes to draw down maximum available Medi-Cal funds;
- Streamlined the development of recruitment bulletins and hiring processes; and

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- Planned for the implementation of Health Homes in June 2019.

WPC-LA continues to tackle challenges stemming from the speed and scale of WPC-LA program implementation, delivery system integration, data integration, and community engagement across the continuum of WPC-LA programs. We look forward to continuing to work with our internal County and external partners to remove barriers and achieve WPC-LA goals.

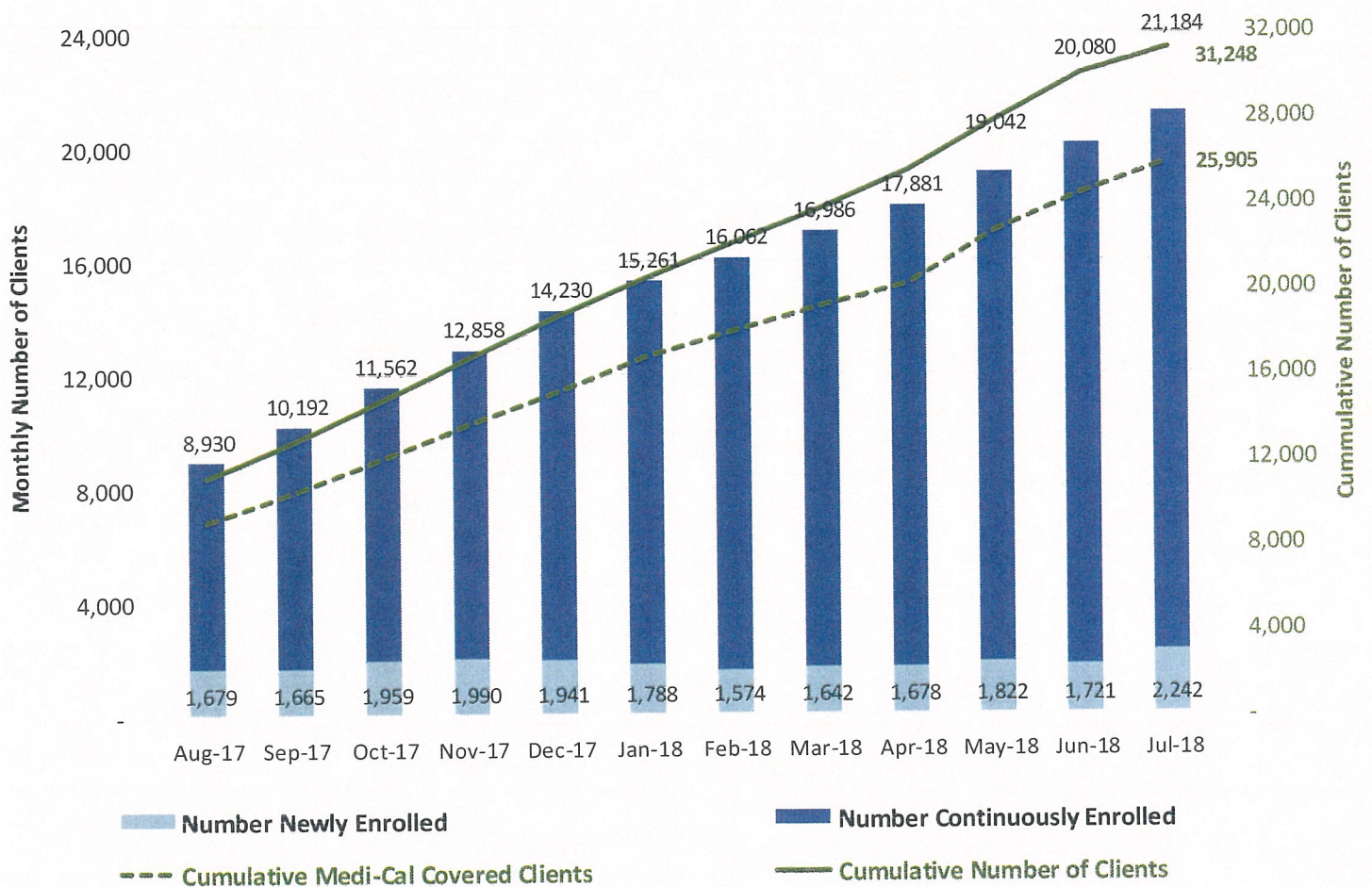
Attachment II



Whole Person Care Enrollment Report, January 2017 – July 2018

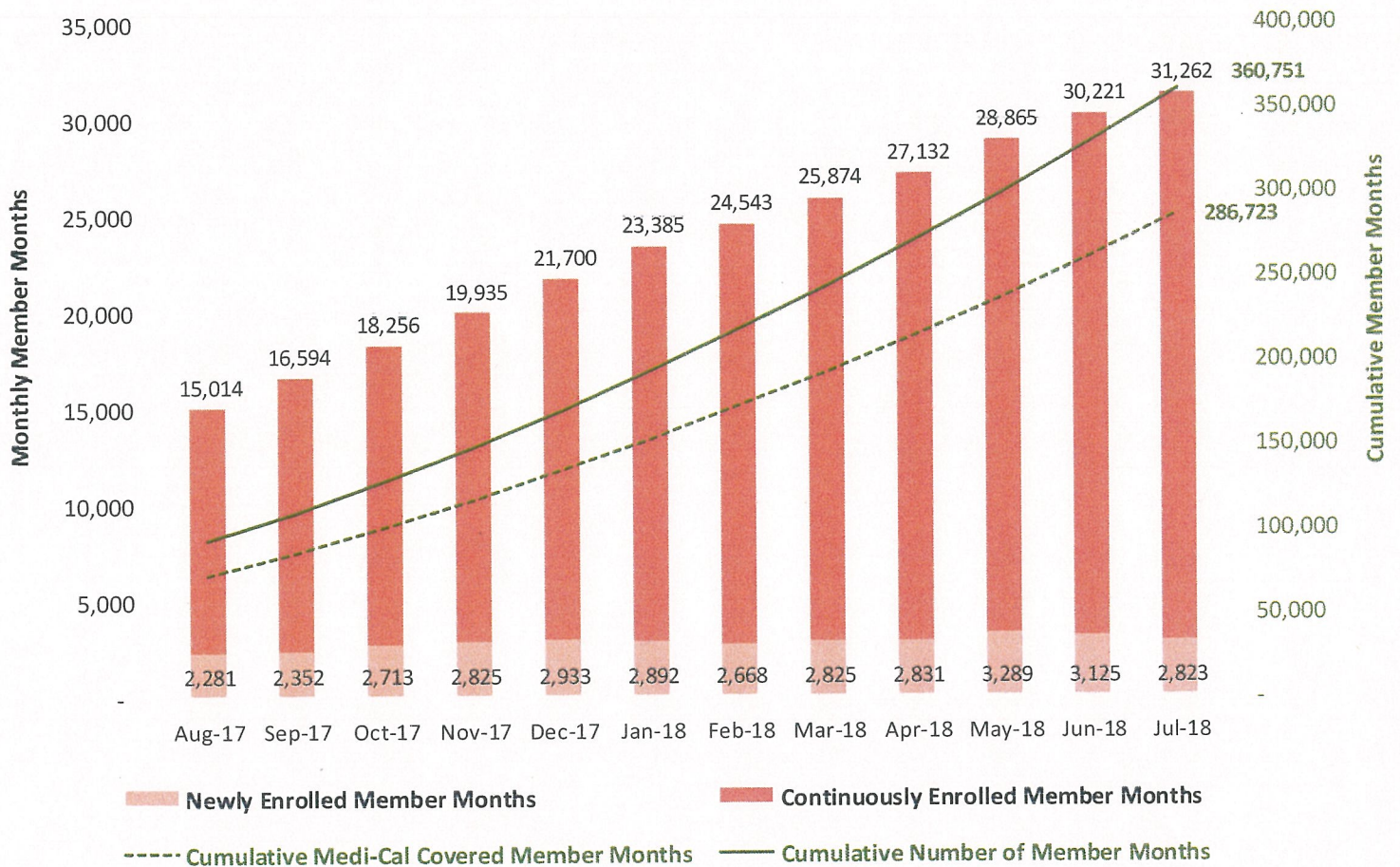
**Los Angeles County
Health Agency/Department of Health Services
Office of Planning and Data Analytics
October 2, 2018**

Figure 1. All Whole Person Care Programs Continuously Enrolled, Newly Enrolled and Cumulative Unique Clients, August 2017 - July 2018¹



¹Cumulative numbers include unique clients enrolled from January 1, 2017 – July 31, 2018; monthly totals at the top of each monthly bar

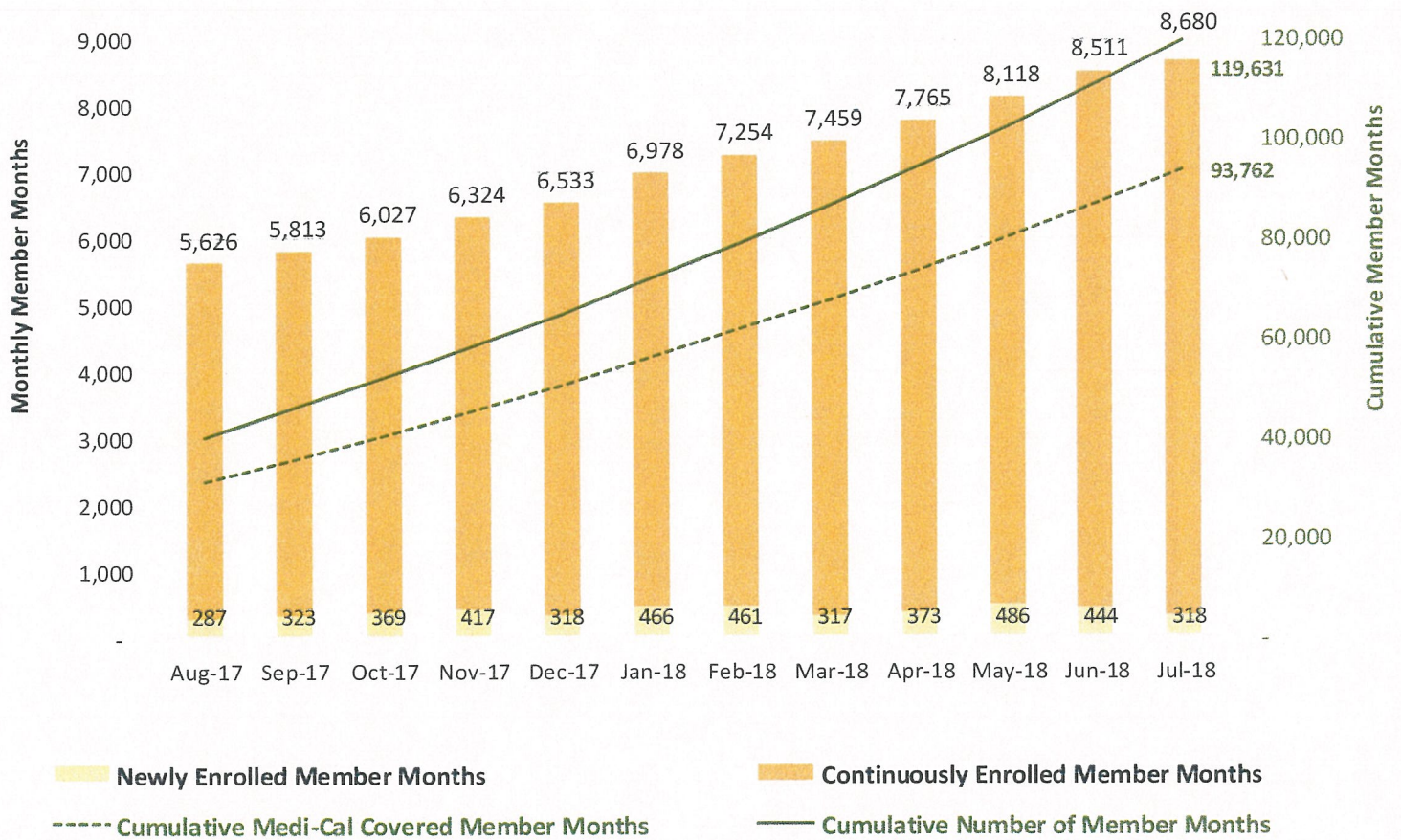
Figure 2. All Whole Person Care Programs Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



¹Includes 31,248 unique Whole Person Care clients from January 2017 – July 2018; monthly totals at the top of each monthly bar.

Attachment II

Figure 3. Homeless Care Support Services (HCSS)¹ Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018²

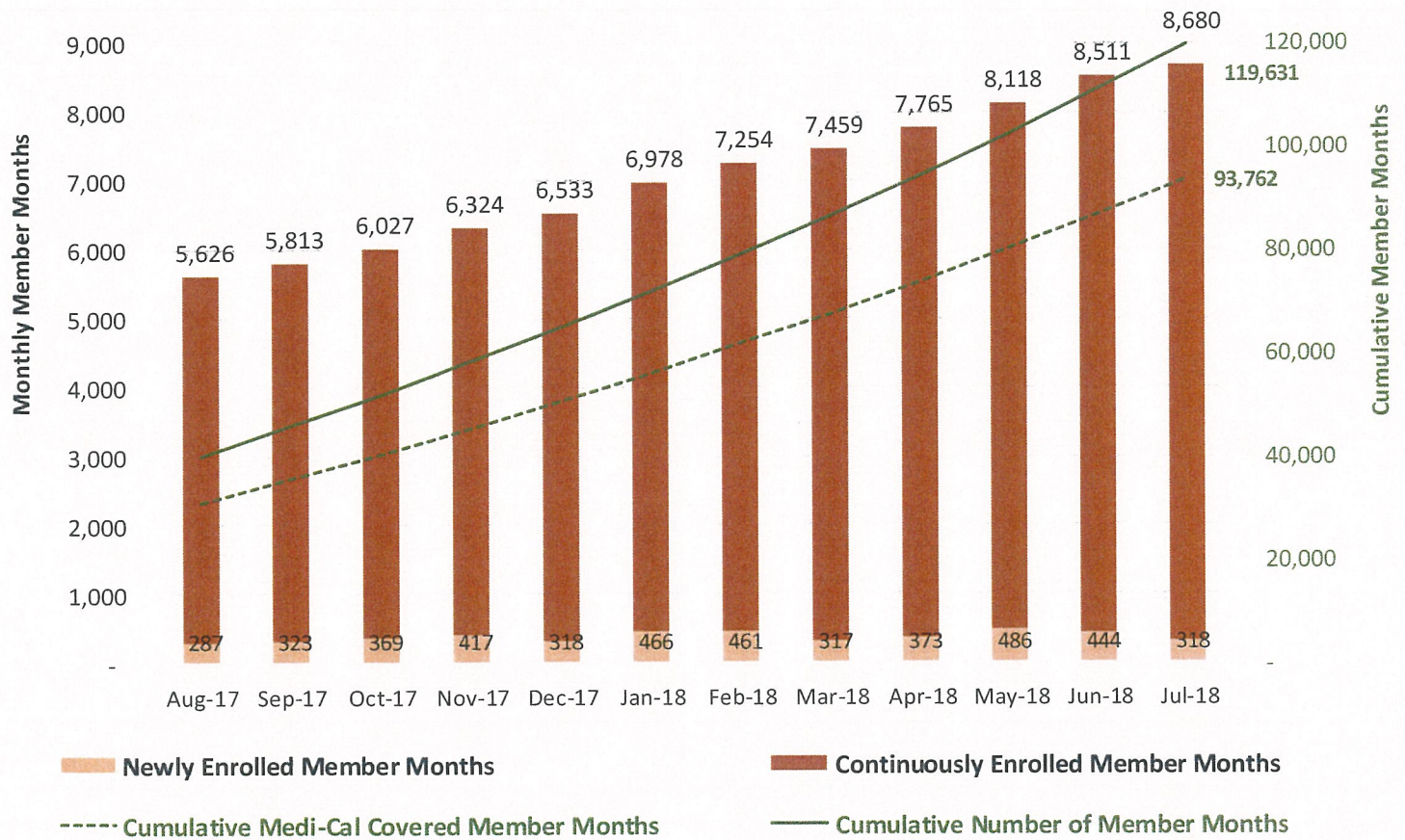


¹All clients are enrolled in HCSS and TSS services.

²Includes 11,241 unique HCSS clients from January 2017 – July 2018; monthly totals at the top of each monthly bar.

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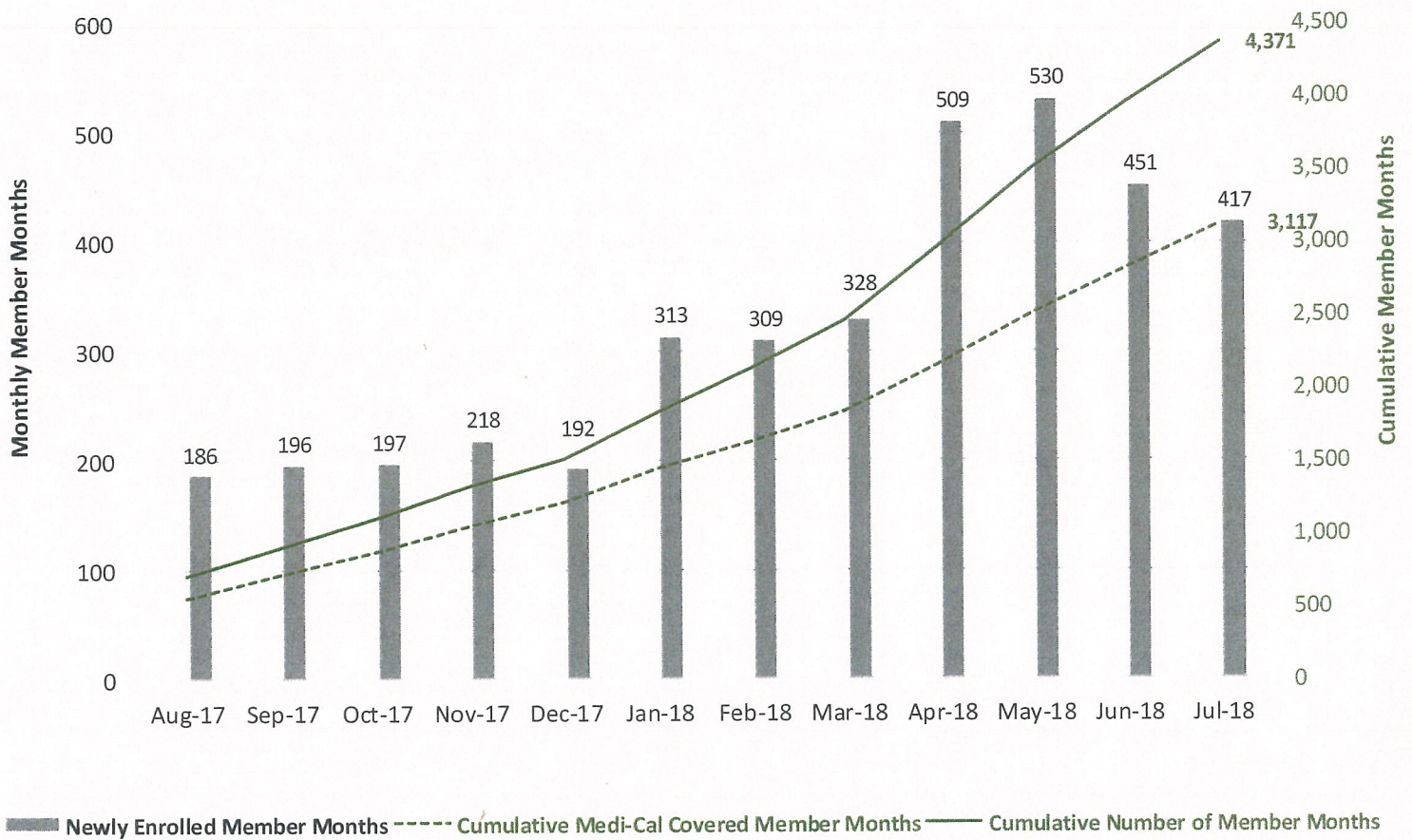
Figure 4. Tenancy Support Services (TSS)¹ Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018²



¹All clients are enrolled in HCSS and TSS services.

²Includes 11,241 unique TSS clients from January 2017 – July 2018; monthly totals at the top of each monthly bar.

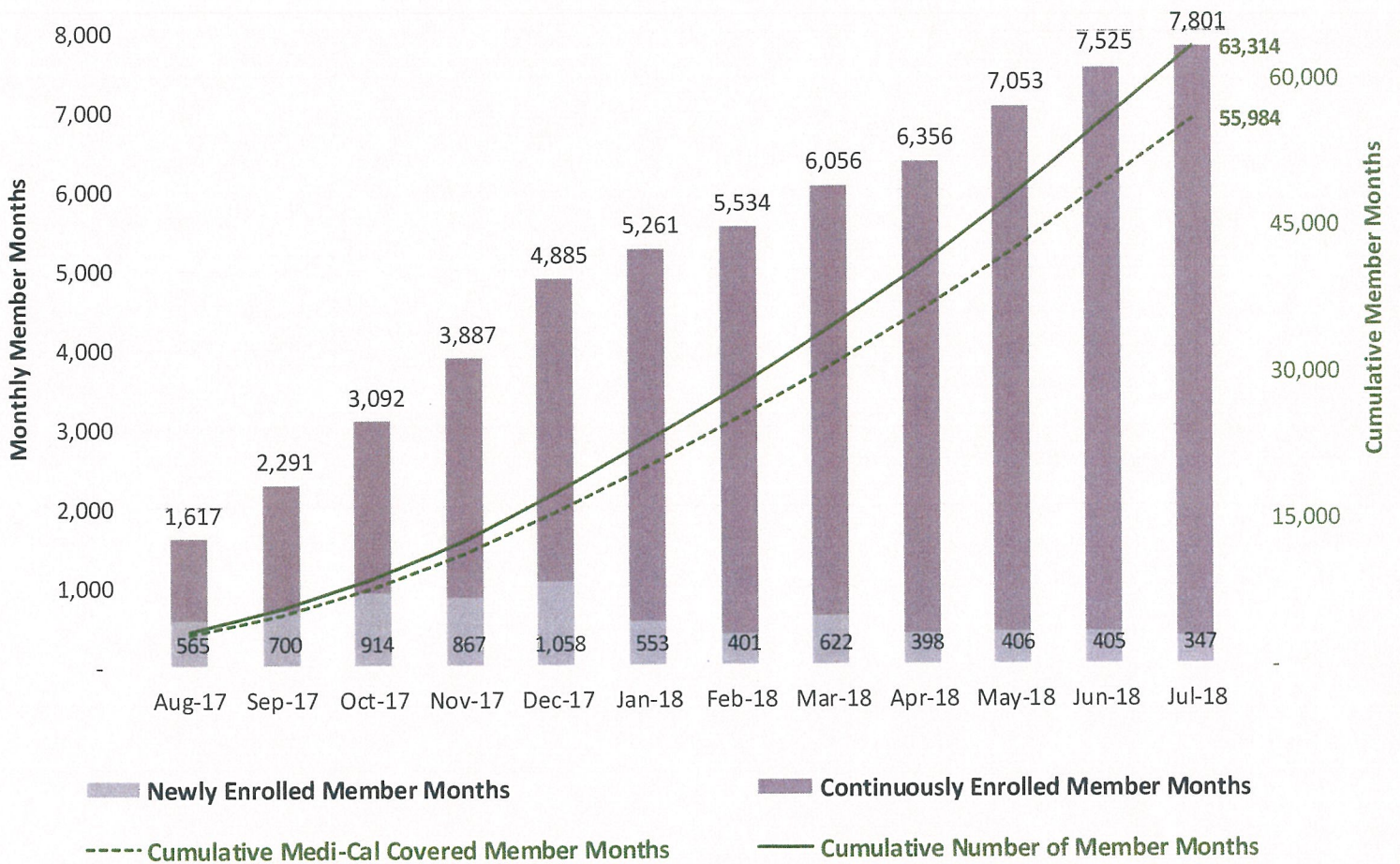
Figure 5. Sobering Center Newly Enrolled and Cumulative Member Months, August 2017 - July 2018^{1,2}



¹Sobering Center participants may have multiple encounters in one month. There were 5,309 encounters from March 2017 – July 2018. Total monthly encounter data for 2018 are as follows: Jan-18: 385; Feb-18: 382; Mar-18: 425; Apr-18: 673; May-18: 746; June-18: 609; Jul-18: 589.

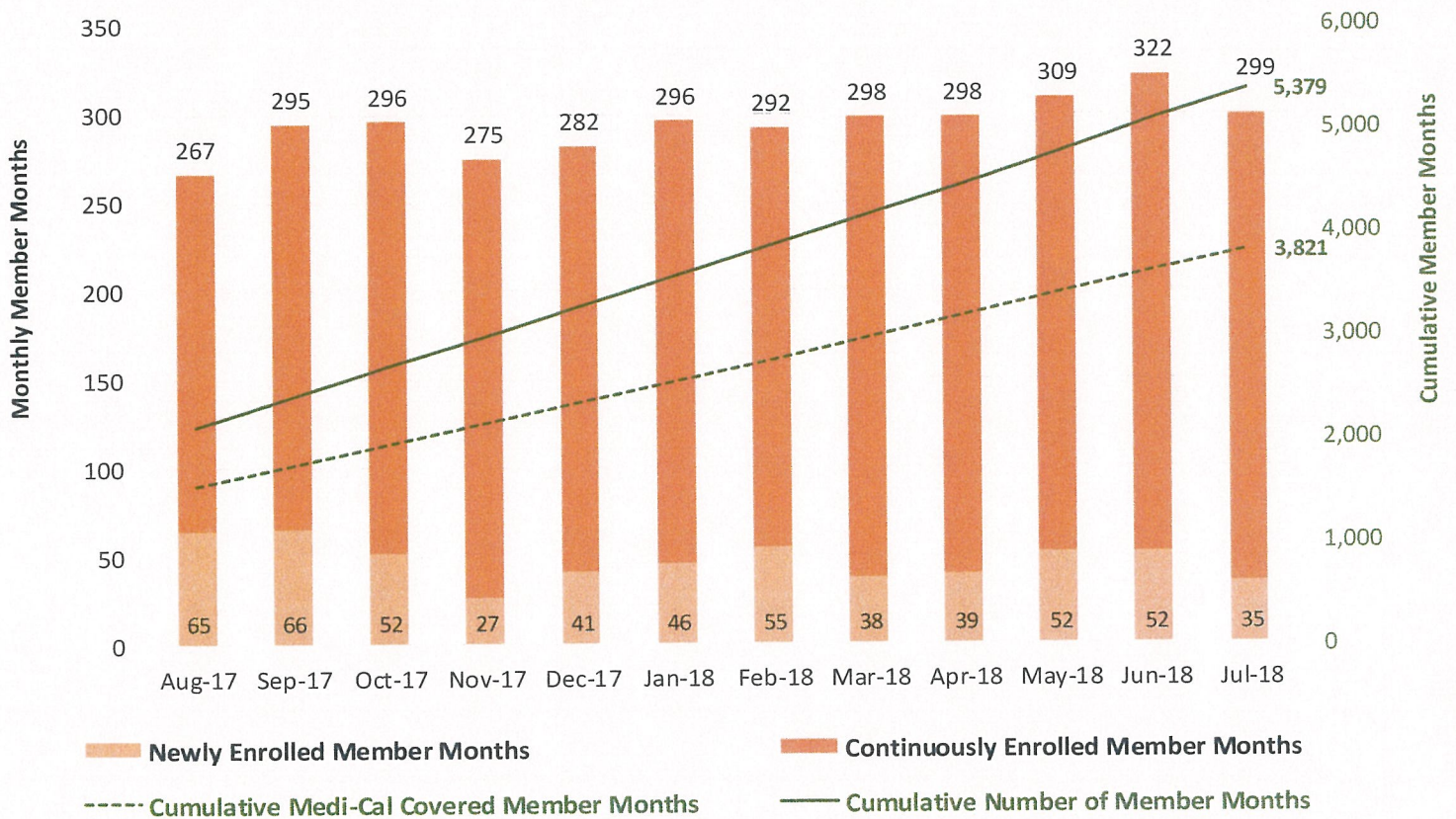
²Includes 2,930 unique Sobering Center clients from March 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 6. Benefits Advocacy Program Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



¹Includes 8,977 unique Benefits Advocacy clients from April 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 7. Medical Recuperative Care Program Currently Enrolled, Newly Enrolled and Cumulative Member Months¹, August 2017 - July 2018^{2,3}

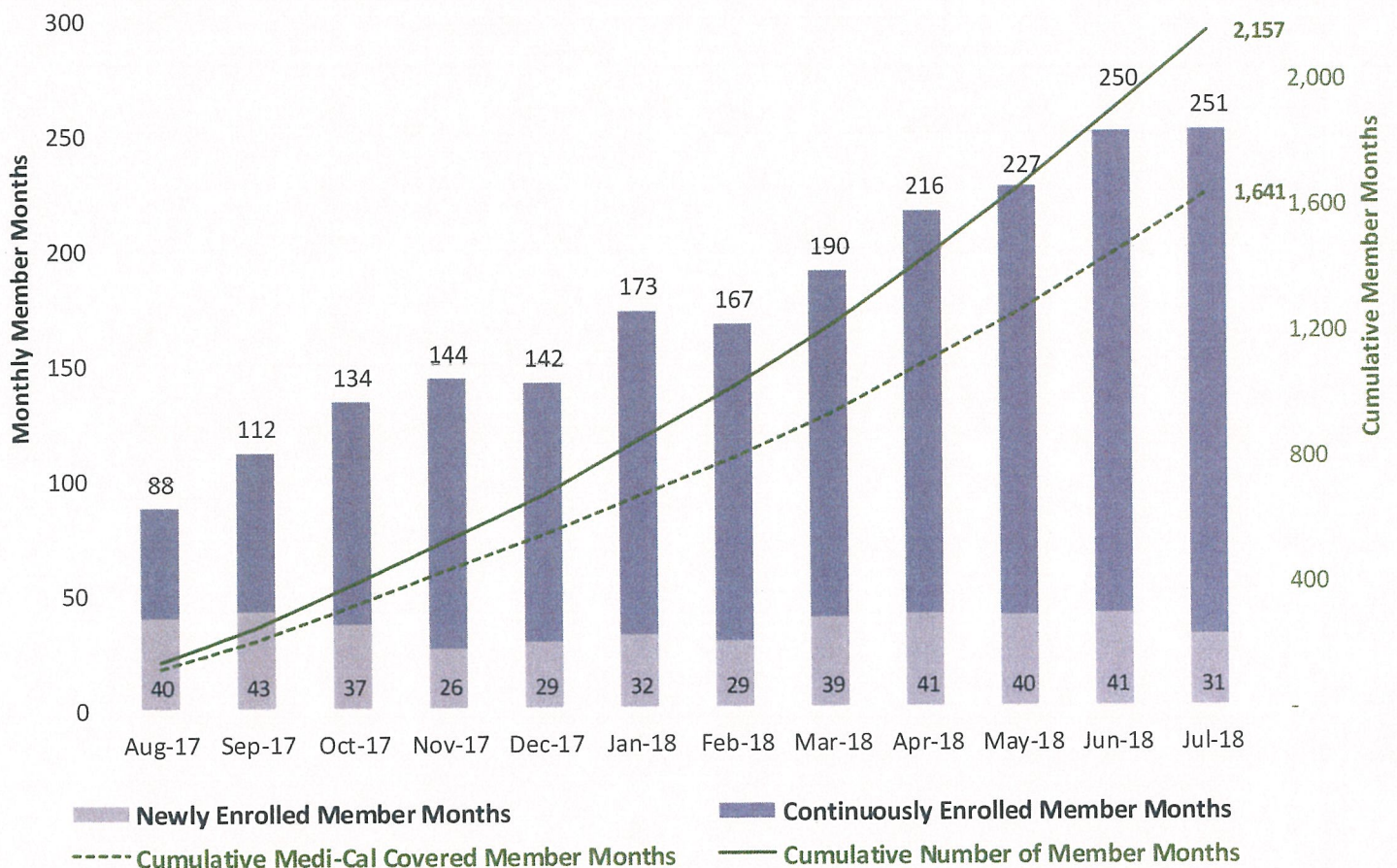


¹Includes all Medical Recuperative Care participants, regardless of length of stay.

²Includes 1,057 unique Medical Recuperative Care clients from January 2017 – July 2018; monthly totals at the top of each monthly bar.

³On July 1, 2017 the Medical Recuperative Care Program split into Medical Recuperative Care and Psychiatric Recuperative Care, resulting in fewer clients enrolled in the Medical Recuperative Care program.

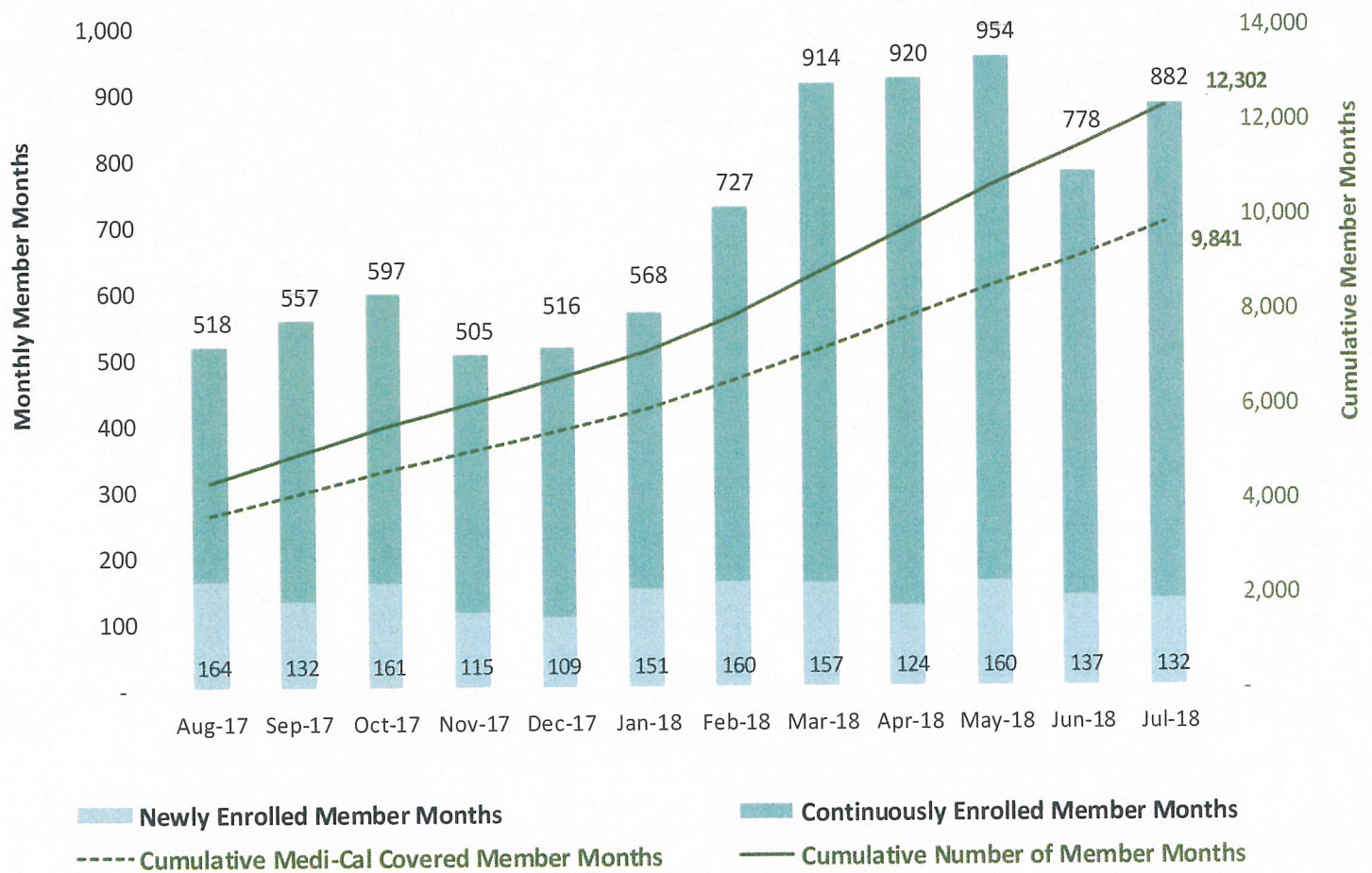
Figure 8. Psychiatric Recuperative Care Program Currently Enrolled, Newly Enrolled and Cumulative Member Months¹, August 2017 - July 2018²



¹Includes all Psychiatric Recuperative Care participants, regardless of length of stay.

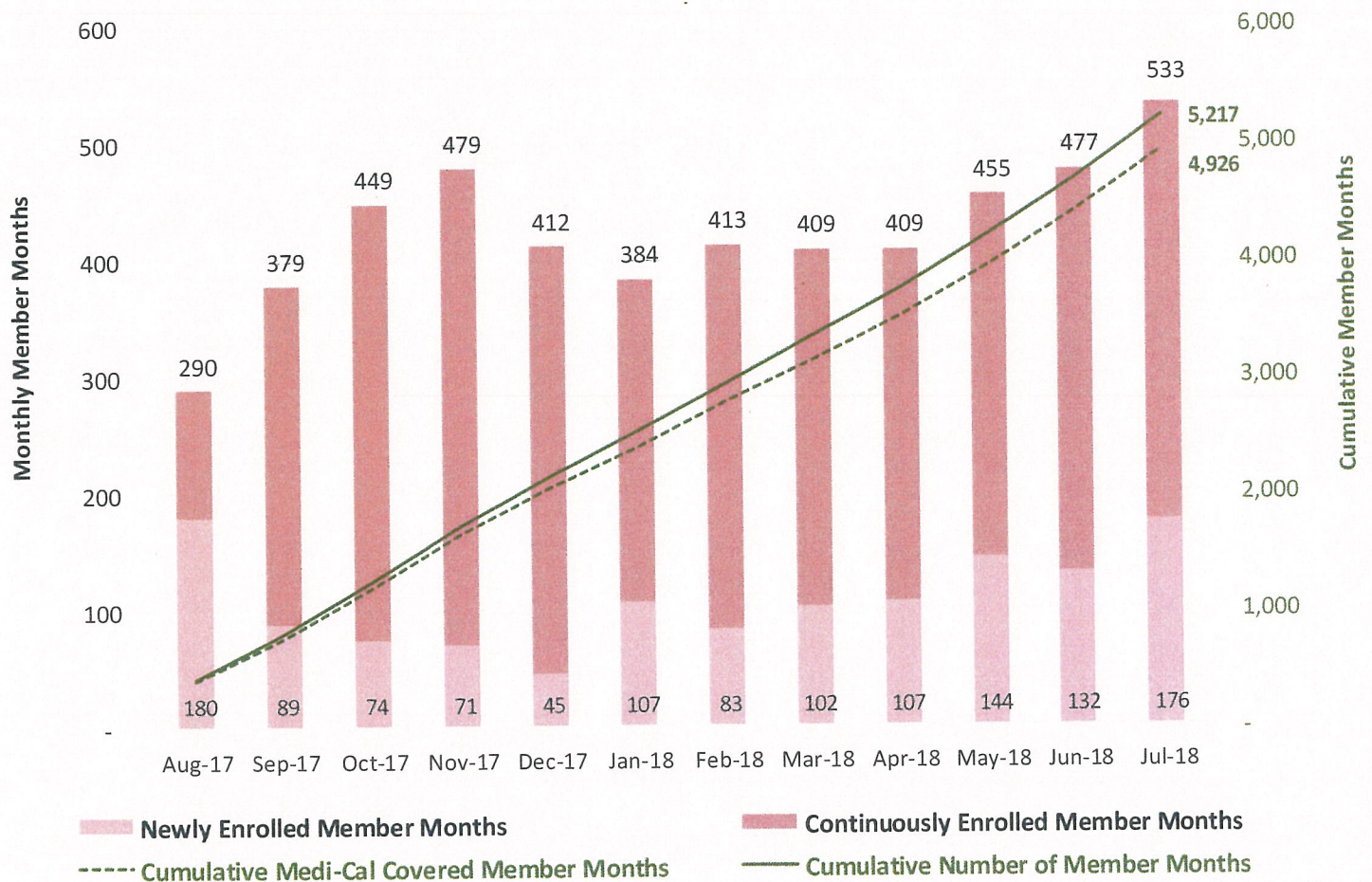
²Includes 517 unique Psychiatric Recuperative Care clients from July 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 9. Residential and Bridging Care (RBC) Program Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



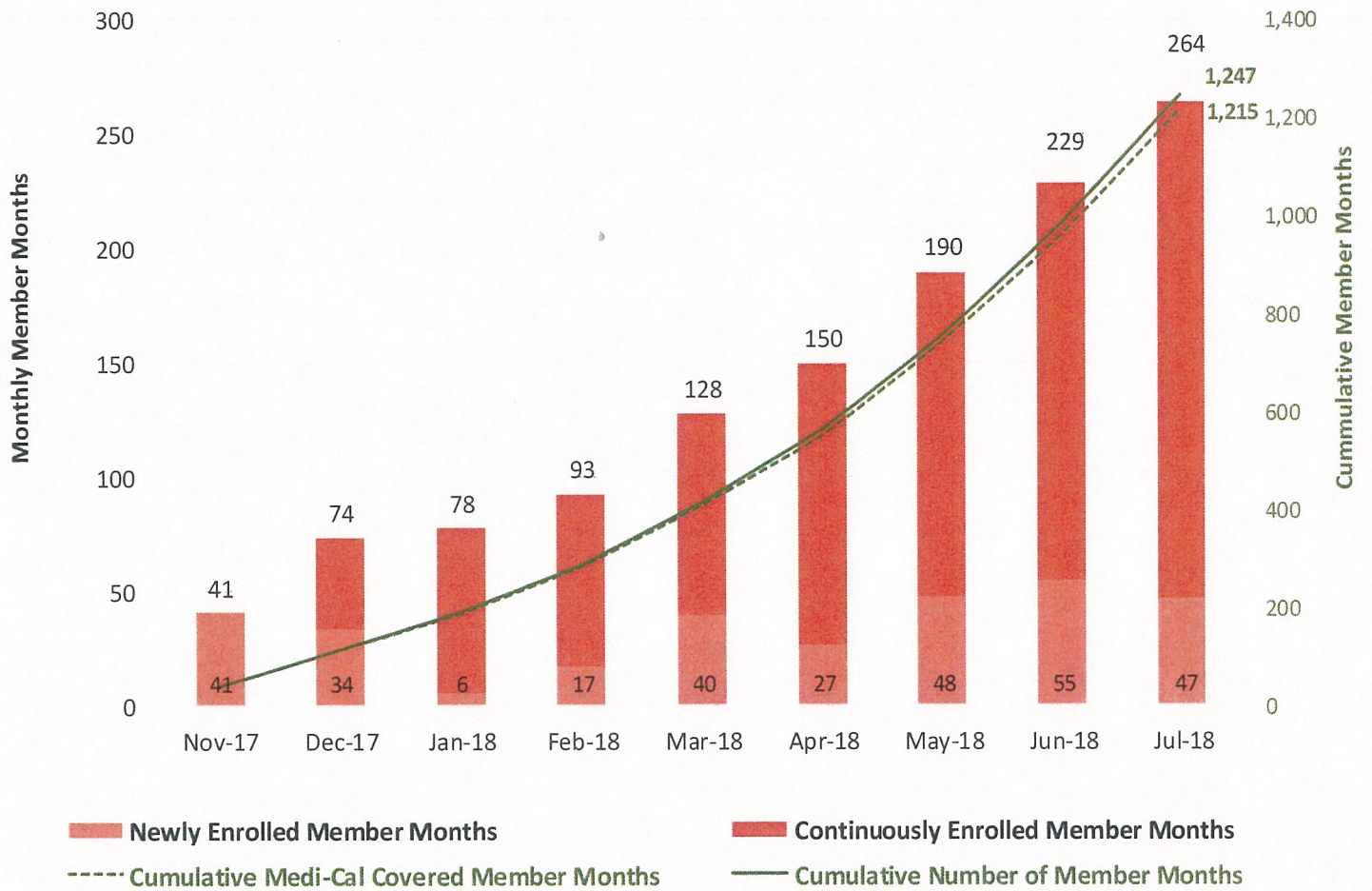
¹Includes 3,149 unique RBC clients from January 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 10. Intensive Service Recipients (ISR) Program Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



¹Includes 1,413 unique ISR clients from June 2017 – July 2018; monthly totals at the top of each monthly bar.

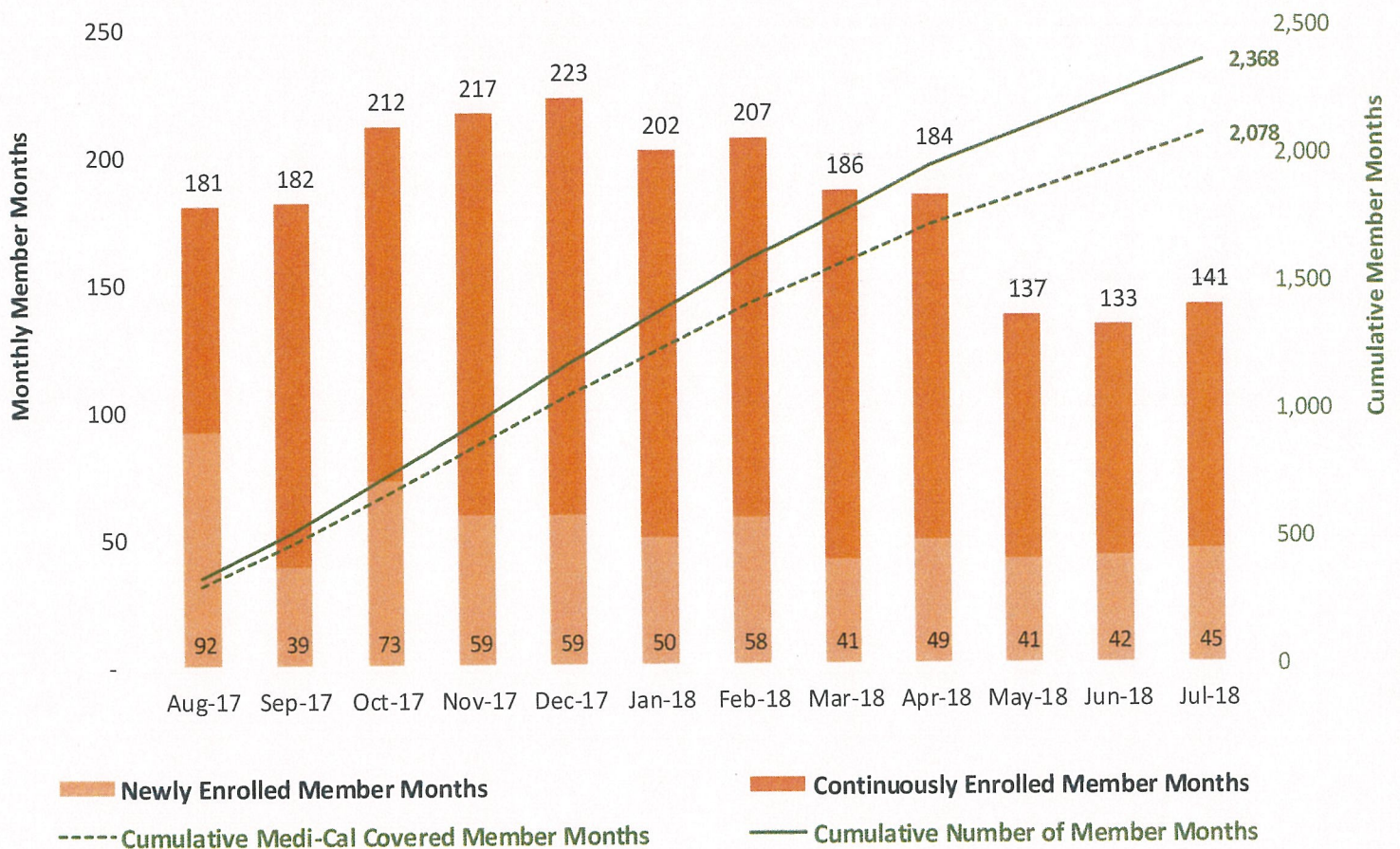
Figure 11. Kin through Peer (KTP) Currently Enrolled, Newly Enrolled and Cumulative Member Months, November 2017 - July 2018¹



¹Includes 318 unique KTP clients from November 2017 – July 2018; monthly totals at the top of each monthly bar.

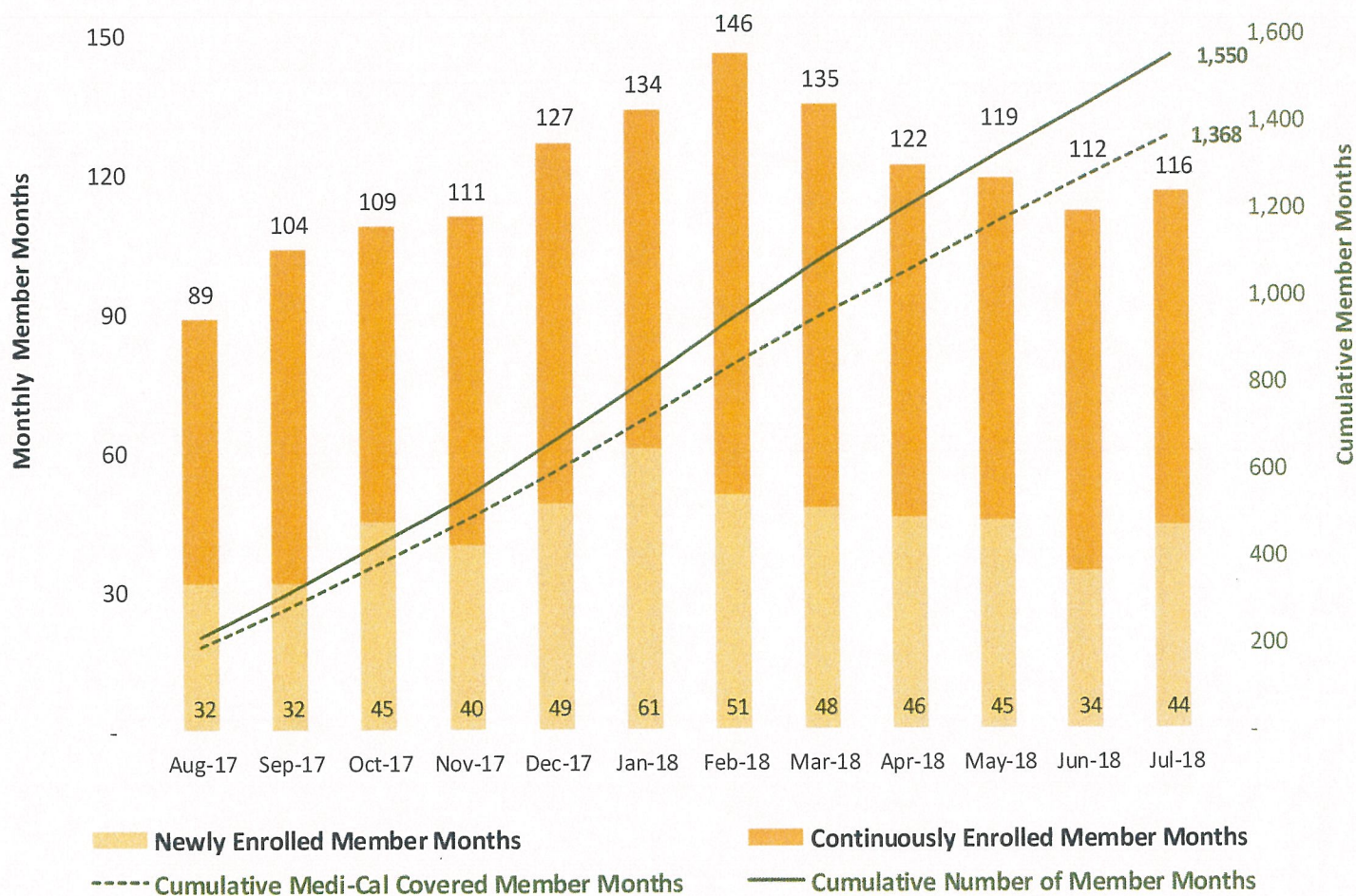
Attachment II

Figure 12. Substance Use Disorder Engagement, Navigation, and Support (SUD-ENS) Program Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



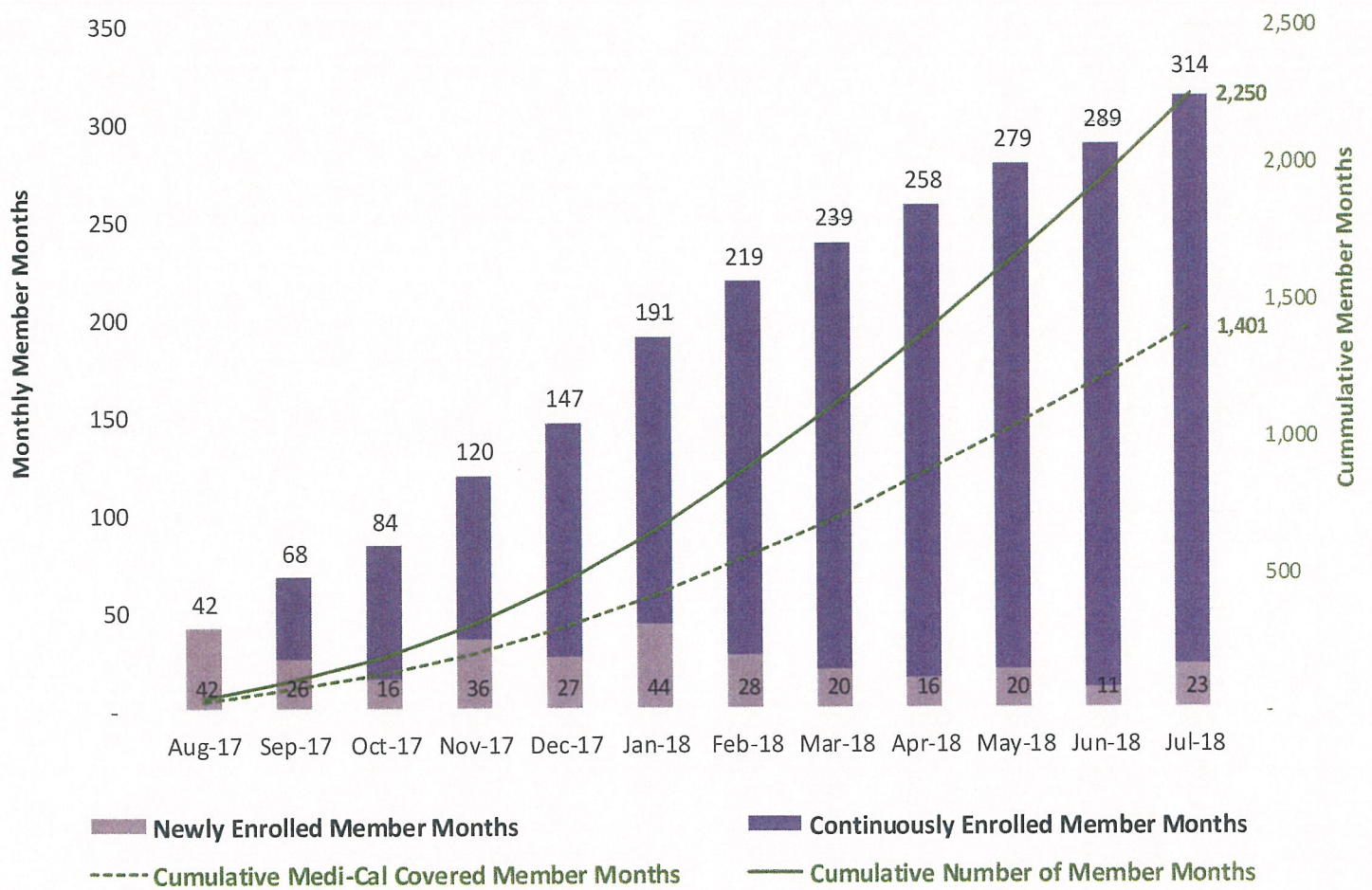
¹Includes 737 unique SUD-ENS clients from May 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 13. Transitions of Care (TOC) Program Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



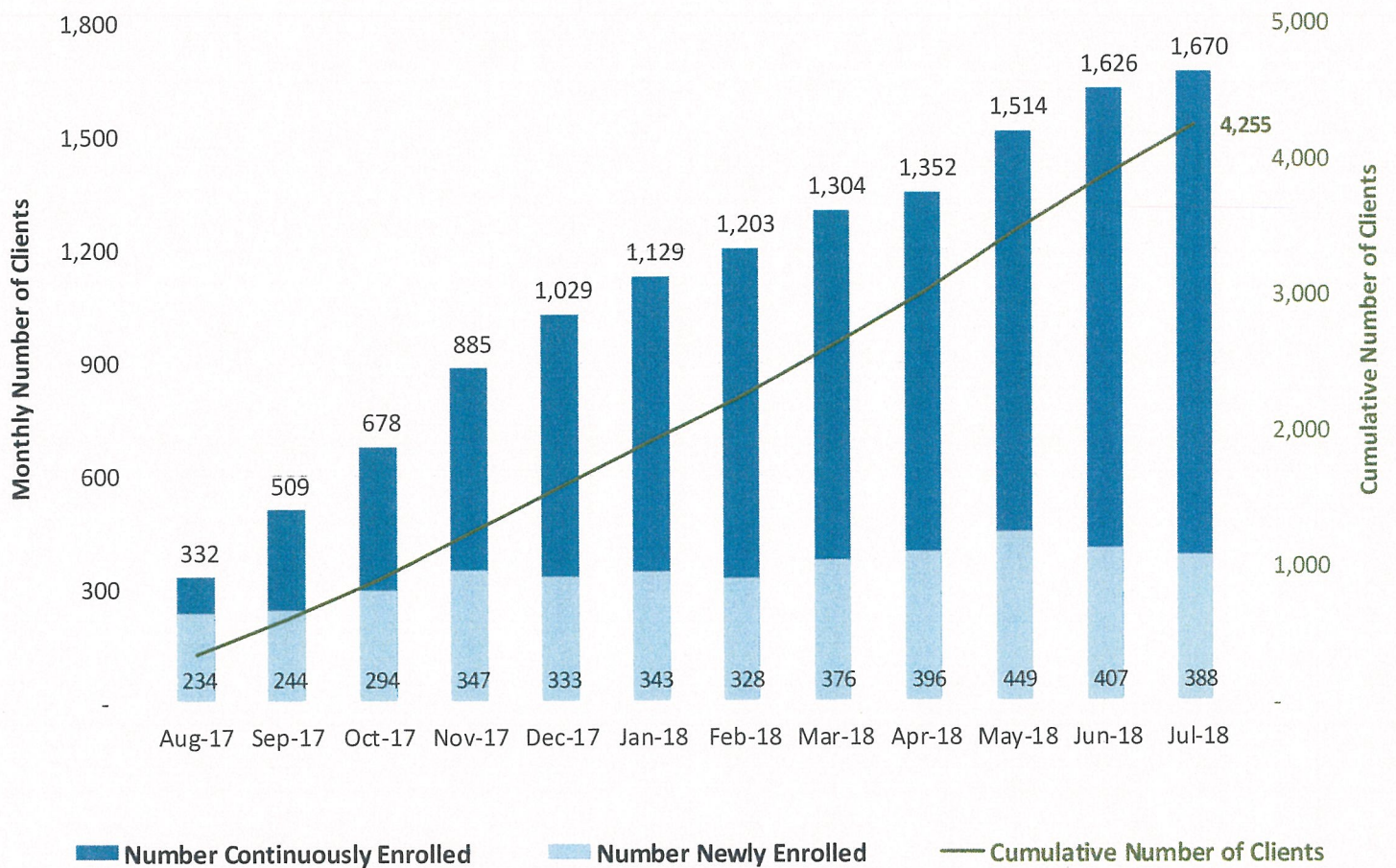
¹Includes 594 unique TOC clients from May 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 14. MAMA's Neighborhood Program Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



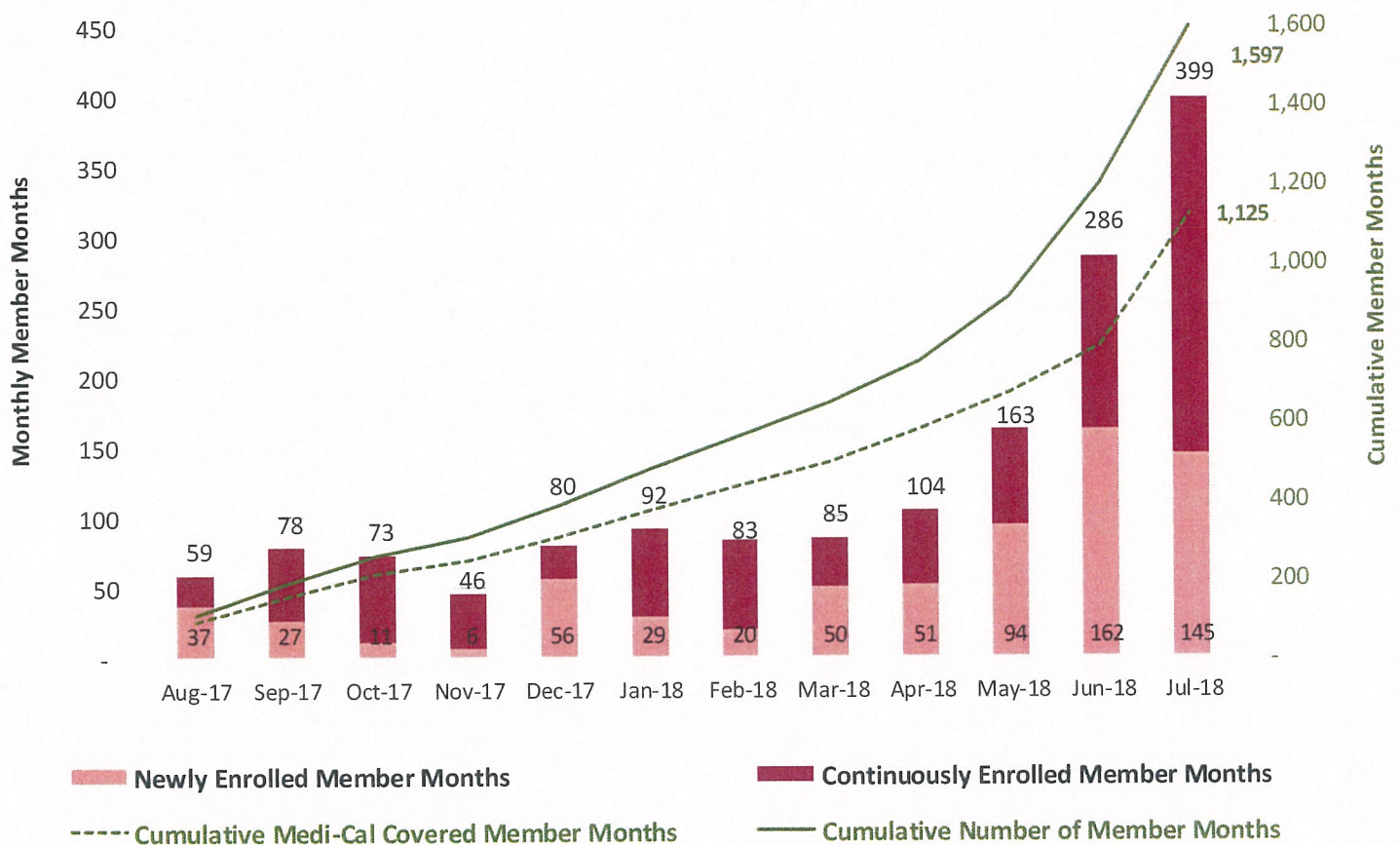
¹Includes 318 unique MAMA's Neighborhood clients from August 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 15. Re-Entry Pre-Release Program Continuously Enrolled, Newly Enrolled and Cumulative Unique Clients, August 2017 - July 2018¹



¹Cumulative numbers include unique clients enrolled from June 1, 2017 – July 31, 2018.

Figure 16. Re-Entry Post-Release: Community Referral Programs Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018^{1,2}



¹ Includes 744 unique Community Referral clients from May 2017 – July 2018; monthly totals at the top of each monthly bar.

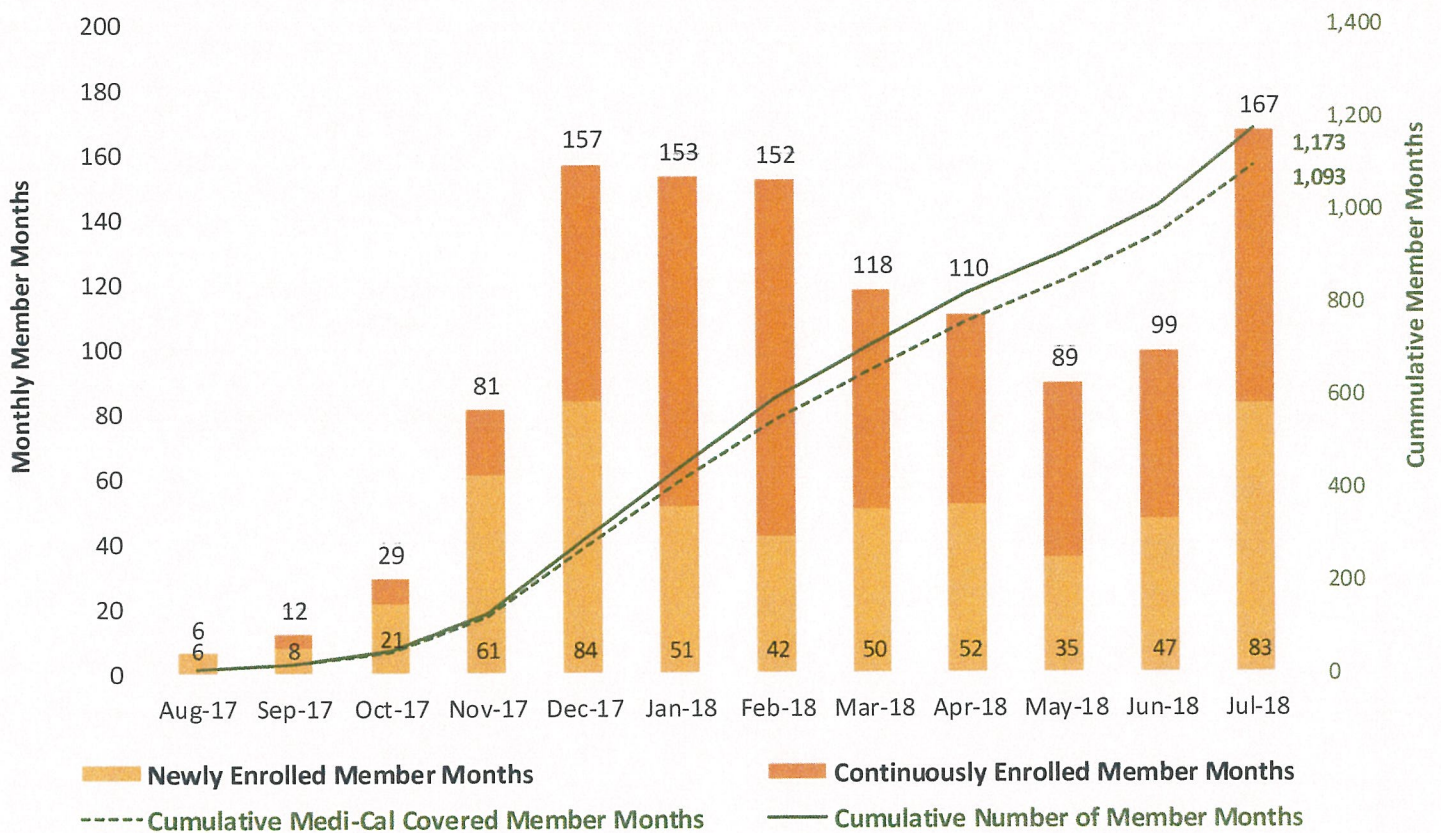
² ODR ICMS clients were added to the Post-Release Community Referral program in April 2018, resulting in an increase in the number of clients.

Figure 17. Re-Entry Post-Release: Jail Referral Programs Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018¹



¹Includes 2,157 unique Re-Entry Post-Release Jail Referral clients from May 2017 – July 2018; monthly totals at the top of each monthly bar.

Figure 18. Re-Entry Post-Release: Adult Extended Care Program Currently Enrolled, Newly Enrolled and Cumulative Member Months, August 2017 - July 2018^{1,2}



¹Includes 638 unique Adult Extended Care clients from August 2017 – July 2018; monthly totals at the top of each monthly bar.

²As of July 2018, Re-Entry Post-Release clients are considered Re-Entry Extended Care clients after three months of any Post-Release enrollment. Extended Care previously began after the third month of Medi-Cal eligible Re-Entry Post Release participation.